

Pupil Views

Name..... School.....
Age.....Year.....

About you and your school

How do you travel to school?.....
Do you have a good circle of friends in school?.....
Do you have a favourite subject? If so why?.....
What do you like most about your school?.....
Do you think you are making good progress in lessons?.....
Have you read any books recently?.....
Are you taking part in any of the after school clubs or learning activities?.....
Do you do any evening or weekend activities, any clubs or hobbies?.....
Where do you complete your homework?.....
Are there any things you feel anxious about?.....
Do you know who you can talk to in school if you need any help or support?.....
Do you have any future goals or aspirations?.....
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Achievements.....
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Is there anything you would like to add? Is there anything you need help with? Or is there anything you think school/social worker could help you with?.....
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Date of PEP meeting?.....
This meeting was attended by?.....
I agree that these are my views?.....
Student Signature.....
Date

